2712

MARYLAND STATE DEPARTMENT OF HEALTH

02683

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trailer at Race track (Stephney Farm)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	S.	Archer	Mar. 13, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	Widowed	July 6, 1888	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Laborer	Clayton, Del	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin S. Archer	Sarah E. Boyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	don't know	Chas. B. Archer — Townsend, Del. RFD # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Probable carbon monoxide poising	Don't know
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg. etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Chestertown	Kent	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? (Give particulars as to what person was doing when injury was received, and means of injury)
3 13 54 8:30 P.M.		When stack from oil space heater became detached, ashes from fire fell on trailer floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Chestertown, Md	3-14-54

23. BURIAL, CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 17, 1954	Glenwood Cem.	Smyrna, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 14-1954	Clara L. Barnes	J. Willis Wells - Maryland,	Md.

VS. A15A

RECEIVED
MAR 16 1954
BUREAU V. S.

2713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02690

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS I24 Washington Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington 12X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Darlington (Last) Hoopes
4. DATE OF DEATH: (Month) Mar. (Day) 4, (Year) 1954 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/6/I88I
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Harford Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph T. Hoopes
14. MOTHER'S MAIDEN NAME: Judith Preston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 2I7-22-7739
17. INFORMANT & ADDRESS: Mrs. Thos. Eliason Chestertown, Md. daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary thrombosis (Probable) — Interval Between Onset And Death: instantaneous

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis — several years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — at least 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1954, to 3-4, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Chestertown Md DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 7, 1954
NAME OF CEMETERY OR CREMATORY Friends Meeting House
LOCATION (City, town, or county) Forest Hills (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 6, 1954
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1904
BUREAU V. S.

271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02691

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ericson ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
STREET ADDRESS (If rural, give location): Ericson ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Lewinia (Last) Jewell

4. DATE OF DEATH: (Month) Mar (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: Mar 20 1864

9. AGE last birthday: 90 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tourist home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norton md

12. CITIZEN OF WHAT COUNTRY?: U.S.A. yes

13. FATHER'S NAME: Daniel E Jewell

14. MOTHER'S MAIDEN NAME: Rosetta Draper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Florence Jewell Betterton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2
Immediate cause (a) Angina Pectoris — Interval Between Onset and Death: 1 hours

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Paralysis — 2 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Feb 26, 1954, to Mar 22, 1954, that I last saw the deceased alive on Mar 22, 1954, and that death occurred at 11.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell M.D. ADDRESS: Still Pond md DATE SIGNED: 3/25/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE: Mar 25 1954 | NAME OF CEMETERY OR CREMATORY: Chester cemetery | LOCATION (City, town, or county) (State): Chestertown md

DATE REC'D BY LOCAL REG. 3/25/54 | REGISTRAR'S SIGNATURE: R. Reynard Jones

24. FUNERAL DIRECTOR ADDRESS: B R Fellows Still Pond md

RECEIVED
MAR 29 1954
BUREAU V. S.

2714

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02692

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cross St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) Cross St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Fisher (Last) Kirby

4. DATE OF DEATH: (Month) Mar. 10, (Day) 1954 (Year) 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 29, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. ~~XXXXXXX~~ Fischer
14. MOTHER'S MAIDEN NAME: Sophia Will

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: W. Vernon Kirby Chestertown, Md. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Multiple Cerebrovascular Accidents — Interval Between Onset And Death: 4 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1952, to 3/10/54, 19....., that I last saw the deceased alive on 3/10/54, 19..... and that death occurred at 1 40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Ulbrandsen MD
ADDRESS Chestertown, Md.
DATE SIGNED 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 13, 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR March 11-1954
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells * ADDRESS Chestertown, Md.

RECEIVED
MAR 15 1954
BUREAU V. S.

2716

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02693

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesterville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesterville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) GALE (Last) MESSICK

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 28, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Gale Messick
14. MOTHER'S MAIDEN NAME: Virginia Reiter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Gale Messick, Chesterville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Bronchopneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myodegeneration.

DUE TO

(c) Hypertension

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marasmus senilis —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3.19, 1954, to 3.22, 1954, that I last saw the deceased alive on 3.21, 1954, and that death occurred at 5.15 P.M., from the causes and on the date stated above.

SIGNATURE Geza Kowalewski (Degree or title) M.D. ADDRESS Millington DATE SIGNED 3.23.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 26, 1954
NAME OF CEMETERY OR CREMATORY St. Phillips Cem.
LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 23, 1954
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

RECEIVED
MAR 29 1954
BUREAU V. S.

2717

MARYLAND STATE DEPARTMENT OF HEALTH

02694

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) BRAMBLE (Last) NEWTON
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Thomas Bramble
14. MOTHER'S MAIDEN NAME: Mary Dillihunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Bonnie Morris Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Probable carcinoma of Cervix uteri — 3-4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (No hospital objection for diagnostic studies)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-11, 1954, that I last saw the deceased alive on 3-11, 1954, and that death occurred at 2 34 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert W. Farr M.D. Chestertown Md 3-12-54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial Mar. 13 1954 Galena Cem. Galena Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

March 12-1954 Clara L. Barnes. Edward Fillows Millington Md.

RECEIVED
MAR 15 1954
BUREAU V. S.

2718

MARYLAND STATE DEPARTMENT OF HEALTH

02695

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Chestertown
LENGTH OF STAY (in this place) X / years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown X
STREET ADDRESS (If rural, give location) Fancy School Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Franklin	Williams Sr.	March	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 16, 1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer owner	Agriculture	Delaware	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James ~~xxxxxx~~ Williams	Rhoda Callaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. James F. Williams, Chestertown Rt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
157X Immediate cause	(a) Cancer of liver, metastatic	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of head of pancreas	17 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
November, 1952	Carcinoma of head of pancreas	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from November, 1953 to March 20, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Dick	M.D.	Chestertown, Md.	3-20-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 23, 1954	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22-1954	Clara L. Barnes,	J. Willis Wells	Chestertown, Md.

RECEIVED
MAR 24 1954
BUREAU V. S.